

LAST WILL AND TESTAMENT QUESTIONNAIRE

PRIVACY ACT STATEMENT: Authority to obtain this information is 10 U.S.C. § 8012 and E.O. 9397.

Information will be used by legal office personnel to prepare your will. It will not be disseminated outside the legal office and is considered confidential. Disclosure is voluntary.

Carefully consider and provide the requested information. **Please call (505) 784-2211 to schedule appointment: Tuesdays 0900-1100 and Thursdays 1300-1500. Our walk-in hours are as follows: Mondays 1300 – 1500 and Wednesdays 0900-1100. Will Executions are as follows: Mon & Thurs at 1530 and Tues and Wed at 1130.**

FULL NAME: _____

ADDRESS: _____ **HOME PHONE:** _____

LEGAL STATE OF RESIDENCE: _____ **MARITAL STATUS:** ____

If married, spouse's full name: _____

MILITARY STATUS: active duty ____ retired ____ family member ____ other ____

TOTAL ASSETS: Is your value of the total assets will likely be over \$1.5M? Yes ____ No ____

CHILDREN: Include children from a previous marriage or relationship, if any.

Use the following codes to indicate status of children: N=natural; S=stepchild; A=adopted.

<u>FULL NAME</u>	<u>Sex</u>	<u>Age</u>	<u>Status</u>
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1. _____

2. _____

3. _____

REAL ESTATE: Do you own any real estate? ____ Yes ____ No

If yes, do you want the real estate be given to the same beneficiaries who will get the personal property?

Yes ____ No ____ If no, name the beneficiary of the real estate _____

AGE: A beneficiary must have attained what age to be entitled to receive a bequest outright? ____

a. 18 b. 21 c. None of the above (specify): ____

Note: selecting an age greater than 21 will force the creation of an express trust, the administration of which can be expensive.

BENEFICIARIES:

PRIMARY BENEFICIARIES:

Do you want everything to go to your spouse? Yes ____ No ____

(If you wish to disinherit your spouse and/or children, consult with a legal assistance attorney)

If no, who do you wish to give your assets to?

Name _____	Share _____ %
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_____	Share _____ %
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_____	Share _____ %
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If your spouse, one or more of the primary beneficiaries, do not survive me, I want (circle one):

- (1) my surviving children take my property
- (2) the remaining primary beneficiaries named above take my property
- (3) the secondary (alternate) beneficiaries take my property

(CONTINUED ON THE REVERSE SIDE)

SECONDARY (ALTERNATE) BENEFICIARIES:

These beneficiaries will receive your estate only if none of the primary beneficiaries survive you:

Name _____ Share _____ %
_____ Share _____ %
_____ Share _____ %

If one or more of the secondary beneficiaries do not survive me, I want (circle one):

- (1) the remaining secondary beneficiaries take the his/her share
(2) his or her portion to go to his or her issue (surviving children)
(3) his or her portion to go to _____ (specify)

PERSONAL REPRESENTATIVE: This person will carry out the directives in your will and work with your creditors after your death. If you are married, it is customary to appoint your spouse as your primary personal representative. **(The following states require your personal representative to be a resident of that state, unless they are a close relative: AL, FL, HI, IA, IN KS, OH, TN, VA, and WV).**

Primary: _____
Full Name; State of Current Residence; Relationship

Alternate (optional): _____
Full Name; State of Current Residence; Relationship

GUARDIAN: This person will care for your children in the event you and your spouse both die and your children are under 18 years of age. A guardian must be 18 years of age or older. **(The following states require guardians to live in that state, unless the named guardian is a close relative: AL, FL, GA, HI, IA, IN, KY, NV, OH, TN, and WV).**

Primary: _____
Full Name; State of Current Residence; Relationship

Alternate (optional): _____
Full Name; State of Current Residence; Relationship

ADVANCE MEDICAL DIRECTIVE / LIVING WILL QUESTIONNAIRE
*CONTINUE TO FILL OUT THE REST OF THE WORKSHEET ONLY IF YOU WANT AN ADVANCE
MEDICAL DIRECTIVE / LIVING WILL*

YOUR PRIMARY AGENT'S (APPOINTEE) FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ **LEGAL STATE OF RESIDENCE:** _____

(OPTIONAL) YOUR ALTERNATE AGENT'S FULL NAME: _____

ADDRESS: _____

HOME PHONE: _____ **LEGAL STATE OF RESIDENCE:** _____

Organ Donation:

- _____ I do not wish to donate any of my organs or tissues
_____ I want to donate all of my usable organs and tissues for transplant only
_____ I want to donate all of my usable organs and tissues for all legitimate purposes

I wish to express a desire to die at home rather than in a hospital: Yes ____ No ____